PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correcte maintenance fee notificat	d below or directed oth	nerwise in Block 1, by (a	a) specifying a new c	orrespo	ondence addre	ess; and/or	r (b) indicating a sepa	rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Electronically filed on November 24, 2010 3624 7590 11/03/2010					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
VOLPE AND KOENIG, P.C. UNITED PLAZA 30 SOUTH 17TH STREET					Certificate of Mailing or Transmission I hereby-certify that this Fee(s) Transmittal is being deposited with the United- States Postal Service with sufficient postage for first class mail in an envelope- addressed to the Mail Stop ISSUE TEE address above; or being facsimile- transmitted to the USPTO (571) 273-2885, on the date indicated below.				
PHILADELPHIA	A, PA 19103							(Depositor's name)	
								(Signature)	
								(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTO		R ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/802,835 TITLE OF INVENTION:	03/18/2004 AUDIO DEVICE		Xavier Fourquin				IPG-PT107	4262	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE I	PREV. PAID IS	SUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO		\$300		\$0		\$1810	02/03/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
HAN, QI		2626	704-201000	_					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Volpe and Koenig, P.C.						
3. ASSIGNEE NAME A			•	• • •				_	
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi n in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on t T a substitute for filing	he pate g an as	ent. If an assi signment.	ignee is ic	dentified below, the do	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
IPG Electronics 504 Limited St. Peter Port, Guernsey (GB)									
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	□ I	ndividual 🔽	Corporati	ion or other private gro	up entity 🗖 Government	
4a. The following fee(s) a ✓ Issue Fee ✓ Publication Fee (N ☐ Advance Order - #	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0493 (enclose an extra copy of this form).								
5. Change in Entity Stat	us (from status indicated S SMALL ENTITY statu		☐ b. Applicant is no	o longe	er claiming SV	IALL EN	ΓΙΤΥ status. See 37 CI	FR 1.27(g)(2).	
	l Publication Fee (if requ	uired) will not be accepte	d from anyone other tl					e assignee or other party in	
Authorized Signature			Date	Novemb	per 24, 2010				
Typed or printed name		Registration No. 59,819							
This collection of informa an application. Confident submitting the completed	ation is required by 37 Ciality is governed by 35 application form to the	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain 1.14. This collection is depending upon the	n or ret is estin individ	ain a benefit b nated to take 1 lual case. Any	y the publ 2 minutes comment	lic which is to file (and s to complete, includin ts on the amount of tir	by the USPTO to process) g gathering, preparing, and ne you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.